

Effective Date:

Effective Date:

Client:

| ID #:

| DOB:

Crisis Assessment

Overview

Referral Source:

Presenting Problem:

Circumstances leading to current crisis:

Relevant History:

Substance use:

Agencies/Programs involved with client:

Describe (include relevant law enforcement contacts):

Current psychotropic medications and prescriber:

Effective Date:

Any allergies or special precautions?

If yes, describe:

Assessed for:

Danger To Self

Danger To Others

Grave Disability

Summary

Risk Level:

Describe:

Does the client meet criteria for an involuntary hold?

Describe (include reason for involuntary hold or release):

Effective Date:

Safety Plan/Next Steps:

A large, empty rectangular box with a thin black border, intended for the user to write the safety plan or next steps. The box is currently blank.